

MULTIPLE DEPEN. INT CLAIM
FORM CALCULATION SHEET
(FOR USE WITH FORM PTO-81B)

10/506390

APPENDIX

CLAIMS

| AS FILED | AFTER | | AFTER | | AS FILED | AFTER | | AFTER | |
|--------------|-------|------|-------|------|----------|-------|------|-------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. | DEP. | IND. |
| 1 | | | | | 41 | | | | |
| 2 | | | | | 42 | | | | |
| 3 | | | | | 43 | | | | |
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| 50 | | | | | 90 | | | | |
| TOTAL IND. | 1 | ↓ | | ↓ | 91 | | | | |
| TOTAL DEP. | 9 | ← | | ← | 92 | | | | |
| TOTAL CLAIMS | 10 | | | | 93 | | | | |
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| TOTAL IND. | | ↓ | | | | | | | |
| TOTAL DEP. | | ← | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | |